17000180177

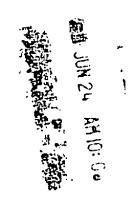
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
i

Office Use Only



300331132153

08/24/19--01034--007 **25.



UUL 05 2019 C!ACHALA!FR

COVER LETTER

TO:	Registration Se Division of Cor					
SUBJEC	YFM Grou	p LLC				
SOBJEC		Name of Lim	ited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:	(), (2)		
		Blanca texeira		. 📆		
			Name of Person			
		YFM Group LLC	Name of Person Firm/Company Address City/State and Zip Code			
Firm/Company						
		4167 nw 90 ave #207				
			Address			
		Coral Spring Fl 33065				
			City/State and Zip Code	<u> </u>		
		yfmgroup10@gmail.com				
			•	ration)		
For furth	er information c	oncerning this matter, please ca	all:			
Alvaro M	4arino					
· · · · · · · · · · · · · · · · · · ·			Felephone Number			
Enclosed	is a check for th	ne following amount:				
\$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy		

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YFM Group LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Florida	·	
The Articles of Organization for this Limited Liability Co	ompany were filed on 08/23/2017	and assigned
Florida document number L17000180177	_ .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS _l	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
Manny wastess Mill DE ATT OUT OF THE BOAY		
B. If amending the registered agent and/or regist	ered office address on our records,	enter the name of th
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office address on our records, ess here:	enter the name of the
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr Name of New Registered Agent:	tered office address on our records, ess here:	enter the name of the
registered agent and/or the new registered office addr Name of New Registered Agent:	tered office address on our records, ess here:	enter the name of the
registered agent and/or the new registered office addr	tered office address on our records, ress here: Enter Florida street address	
registered agent and/or the new registered office addr Name of New Registered Agent:	ress here:	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with a provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Acti
MGR	Claudio Schmidt	5133 Harrison st Hollywood Fl 33021	
			= Add
			Change
			🗖 Remove
			☐ Change
			Remove
			Change
			Remove
			Change
			Remove
			Change
			□ Remove
			Change

						
_					***	
					<u> </u>	
				·		
						_
			·			 _
						
_			. <u> </u>			
		Pr *			<u> </u>	
			·			
					_	
			_ 			
(If an effect Note: If	date, if other than the ive date is listed, the date me the date inserted in this but seffective date on the I	ast be specific and cannot block does not meet the	e applicable statuto	ing or more than 90 da	(optional) ys after filing.) Pursuant its, this date will not b	to 605.0207 e listed as
the recor	rd specifies a delaye 0th day after the re	ed effective date, i cord is filed,	but not an effe	ctive time, at 12	:01 a.m. on the (earlier o
_		/				
Dated	/20/19		11.			
		HHtras	411_			
		/////WW		\leq		
		Signature of a member	or authorized lepres	entative of a member		

Page 3 of 3

Filing Fee: \$25.00